

#	Dir.	Street Name
Bldg #	Floor #	Unit/Apt #
Owner Name _____		
Wk Phone # _____		Ho Phone # _____
Owner Address _____		City/State/Zip _____
Tenant Name (If other than Owner) _____		Tenant Phone # _____
CONTRACTOR _____		Phone # _____
Mailing Address _____		City/State/Zip _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all state laws and the Lincoln Municipal Code:

Gas Piping--Section 24.05; Mechanical--Section 25.04:
Mechanical Fuel Gas Code--Section 25.10;
Mechanical Residential Code--Section 20.10.720

and hereby authorize the City's representative to enter upon the above-mentioned property for inspection purposes.

Applicant

Signature X _____

Date: _____

I, the undersigned, hereby make application for the following: Heating/Cooling/Ventilating/Gas Piping

	#	\$ Fee each	Total
Furnace: Electric <input type="checkbox"/>	_____	\$30	_____
Brand: Gas <input type="checkbox"/>	_____	\$30	_____
Cooling Equipment: Air Conditioner <input type="checkbox"/>	_____	\$30	_____
Brand: Heat Pump <input type="checkbox"/>	_____	\$30	_____
Roof Top Heating / Cooling	_____	\$60	_____
Brand:	_____		
Air Handling Unit: Brand:	_____	\$30	_____
List Name of Electrical Contractor:			
.....			
Residential Kitchen Exhaust Hood & Duct .. CFM	_____	\$25	_____
Bath/Restroom Exhaust & Duct CFM	_____	\$10	_____
Clothes Dryer Vent	_____	\$10	_____
Vent/Chimney Liner for Fuel Burning Appliance	_____	\$25	_____
Alteration of Existing Duct Work	_____	\$25	_____
Decorative Gas Fireplace/Log Set	_____	\$60	_____
Underground Ductwork (per system)	_____	\$30	_____
Ventilation System (separate from Htg/Cool Sys)	_____	\$30	_____
Type II Hood CFM	_____	\$50	_____
Make-up Air System CFM	_____	\$50	_____
Heat Recovery System CFM	_____	\$30	_____
Paint Booth CFM	_____	\$90	_____
Fume Hood Exhaust CFM	_____	\$60	_____
Mixing/VAV Boxes	_____	\$15	_____
Unit Heater/Infrared Pipe Heating Sys. (Comm. only) .	_____	\$30	_____
Type I Hood including Ducts (Comm. only) .. CFM	_____	\$300	_____
Reinspection Fee:	_____	\$35	_____
Minimum Mechanical Fee	_____	\$30	_____

FORM 15-10704-17-13

CITY OF LINCOLN
DEPT. OF BUILDING & SAFETY
 555 S. 10th St., Suite 203
 Lincoln, NE 68508
 lincoln.ne.gov/city/build

Permit # M _____
MC _____
Building Permit # B _____

APPLICATION for Mechanical / Gas Piping Permit

Check Appropriate Boxes:

- ☐ **CITY OF LINCOLN** ☐ **LANCASTER COUNTY** (Beyond 3-Mile Limit)
☐ Residential ☐ Commercial
☐ New ☐ Replacement ☐ Remodel

Application must be received by 3 pm for next-day inspection request.

Mechanical Section 402-441-7521

24-hr. Inspection Line 402-441-8213 *(before 7:30 am for same day)*

FAX 402-441-8214

INSPECTION: ☐ Ready Date _____ - _____ - _____

Access _____

Permit Expiration: This permit shall expire and become null and void if the work authorized by this permit is not commenced within 120 days from the date of this permit, or work authorized by this permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. A new permit shall be obtained before work can be recommenced.

	#	\$ Fee each	Total
REFRIGERATION			
Remote Condensing Units	_____	\$25	_____
Refrigeration Systems: 10-25 tons	_____	\$25	_____
..... 26-50 tons	_____	\$35	_____
..... 51-75 tons	_____	\$40	_____
..... 76 tons and larger	_____	\$50	_____
HYDRONICS			
Boiler Piping, less than 200,000 BTU	_____	\$35	_____
Each additional 120,000 BTU	_____	\$10	_____
Fluid Cooler Piping, less than 20 tons	_____	\$30	_____
Each additional 10 tons	_____	\$10	_____
Heat Pump and Fan Coil	_____	\$25	_____
Heating, Chilled, and Condenser Piping	_____	\$10	_____
Heat Pump, Heat Recovery Piping	_____	\$10	_____
Radiant Panel and Coil Piping	_____	\$10	_____
GAS PIPING			
Each Gas Appliance, New or Replacement, Requires a Gas Piping Permit.			
New Construction (1-5 outlets)	_____	\$25	_____
Each Additional Outlet	_____	\$1	_____
Gas Piping Replacement Appliance	_____	\$6	_____
Gas Piping: <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	_____	\$35	_____
Work Done Beyond the Lincoln City & 3-Mile Limits			
From 3 miles to 8 miles beyond	ADD	\$15	_____
Beyond 8 miles	ADD	\$30	_____
Reinspection Fee		\$30	_____
Investigation Fee If Applicable DOUBLE FEE		\$	_____
TOTAL FEE			_____

Permit
Issued By: _____ **Date:** _____